

CARSON TAHOE

Registered for Medicare



BARGAINING UNIT GRIEVANCE FORM

To be Completed by Employee:

Grievant Name: _____ Department: _____

Mailing Address: _____ Phone No: _____

Job Title: _____ Date of Hire: _____ FT PT

Date Grievance Filed: _____ Date of Incident: _____

Description of Incident: _____

Article(s), section(s) of contract allegedly violated: _____

Proposed Solution of the Grievance: _____

CTHEA Representative Name and Contact Information (if known): _____

Employee Signature: _____ Date: _____

For Completion at Time of Meeting:

Date of Step I Meeting: _____

Attended by: _____

Outcome of Step I Meeting: _____

Issue Resolved __ Not Resolved __ Initials of Participants _____